

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	413	2-23-93
TYPIST	323/2-27 519	2-25
VERIFIER	277	2-27
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
1	9/22/91
2	11/3/93
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SYMBOLS  
✓ ..... Rejected  
- ..... Allowed  
(Through numeral) Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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